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| NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES | | Docket Number (Optional) 134391.00114 |
| <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">In re Application of Per HOLM</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>Application Number 10/569,862-Conf. #2548</div> <div>Filed June 13, 2006</div> </div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">For Modified release compositions comprising tacrolimus</div> <div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>Art Unit 1618</div> <div>Examiner M. P. Young</div> </div> </div> | | |
| <p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 540.00</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>02-2555</u>.</p> <p><input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>WARNING: INFORMATION ON THIS FORM MAY BECOME PUBLIC. CREDIT CARD INFORMATION SHOULD NOT BE INCLUDED ON THIS FORM. PROVIDE CREDIT CARD INFORMATION AND AUTHORIZATION ON PTO-2038.</p> <p>I am the</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> applicant /inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>41,151</u> <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____ </div> <div style="text-align: right;"> <u>/Jay P. Lessler/</u> Signature <u>Jay P. Lessler</u> Typed or printed name <u>(212) 885-5000</u> Telephone number <u>November 3, 2010</u> Date </div> </div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> | | |
| <input type="checkbox"/> *Total of <u>1</u> forms are submitted. | | |